STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

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		Reg. No.: Issue No(s).: Case No.: Hearing Date: County:	2014 30800 2001 1 April 3, 2014 Wayne County DHS 82			
ADMINISTRATI	VE LAW JUDGE: Lynn M. Ferris	6				
HEARING DECISION						
Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on April 3, 2014, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant's Authorized Hearing Representative, The Claimant currently resides in a long-term care facility. Participants on behalf of the Department of Human Services (Department) included						
<u>ISSUE</u>						
Due to excess assets, did the Department properly ⊠ deny Claimant's application □ close Claimant's case for:						
Food Assista	pendence Program (FIP)? ance Program (FAP)? istance (MA)?	State Disability	Assistance (AMP)? Assistance (SDA)? Cy Relief (SER)?			
FINDINGS OF FACT						
	tive Law Judge, based on the whole record, including the test					
1. Claimant ⊠ ☐ FIP ☐ benefits.	☑ applied for ☐ received: ☑ FAP ☑ MA ☐ AMP ☐	SDA SER				
	ess assets, on 11/1/13, the Depa Claimant's application.					

- 3. On January 3, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) its decision.
- 4. On January 20, 2014, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's actions.

CONCLUSIONS OF LAW

Department policies are found in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

∑ The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

Additionally, in this case the Department reviewed and denied the Claimant's application for retroactive medical assistance for September and October 2013. The Department reviewed the bank account information and cash surrender value of insurance policies and determined that the Claimant was not eligible for Medical Assistance for September and October 2013 due to having assets in excess of BEM 400, pp. 7, (2/1/14). The Claimant cashed in the insurance policies on October 17, 2013. The Insurance policies cash surrender value were valued at purposes of determining eligibility and based upon the budgets presented the Department did establish that the asset limit was exceeded for September and October 2013

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department

acted in accordance with Department policy when it denied the retroactive application for Medical Assistance for September and October 2013 due to excess assets.

DECISION AND ORDER

Accordingly, the Department's decis	ion is
⊠ AFFIRMED.	

Lynn M. Ferris
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: April 22, 2014

Date Mailed: April 22, 2014

NOTICE OF APPEAL: The claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely Request for Rehearing or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request (60 days for FAP cases).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings Reconsideration/Rehearing Request P.O. Box 30639 Lansing, Michigan 48909-07322

Lansing, Michigan 48909-0